U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 30//	2. Fiscal Year Covered From:
	61/01/2004 Through: 12/31/2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name STEPHANIE J REIDY	Name CWA LOCAL 7301
,	Labor Organization File Number 000/88
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any ρ . O. Box 1281
Street 1700 - 15T ST. N. E.	Street 418 E. ROSSER Ave.
City MANDAN	city Bismarck
State N. D. ZIP Code + 4 58554	State N. D. ZIP Code + 4 58502
5. Position in labor organization. PRESIDENT	
Enter appropriate data below if, during the past fiscal year, you or your spo	use or minor child directly or indirectly had any of the following interests

(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name QWEST COMMUNICATIONS	(See ATTACheD)
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street 1801 CALIFOLNIA ST.	(See ATTACHED)
City DENVER	
State Calorado ZIP Code + 4 80202	

Signature

	15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the	submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Stephann & Rudy

On 07-06-05 701-663-8833 Date Telephone Number

- 2004

 3-3-04 QWEST/CWA JOINT MEETING- MPLS., MN.
 Airline APIX + 474.39
- D 4-1-04 QWEST/CWA JOINT MEETING WASH, D.C. Airline #733.40 MEAL #96.75
- (3) 6-21+22-04 QWEST/CWA JOINT MEETING DENVER, Co. Airline #486.40 HOTEL \$96.43 DINNER \$35.00
 - 4) 6-29-04 QWEST / CWA JOINT MEETING- MPLS., MN. AIR Line APIX # 474.39
 - (3) 7-15+16-04 QWEST/CWA JOINT MEETING. DENVER, Co. Airline \$486.40 HOTEL \$135.00 MEAL \$109.20
 - (6) 10-5-04 QWEST/CWA JoINT MEETING- MPLS., MN. AIRLINE \$ 459.96

Name of Person Filing STEPHANIE J. REIZ	Y File Number U- 301/	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name		
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street	c. Employer	
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4		
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	12.b. Amount.	
C. Received from any employer (other than an employer covered under	or narts A and B above)	
or from any labor relations consultant to an employer any payment of money	or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. is the Business an Employer or Consultant ?	14.b. Amount of payment.	